

# APPLICATION FOR AN INSTALLER LICENSE



## State of Maine

Department of Professional and Financial Regulation

Office of Licensing and Registration

### **MANUFACTURED HOUSING BOARD**

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8612

TTY/Hearing Impaired: (207) 624-8563

Website: [www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

## **APPLICATION GUIDELINE**

Enclosed are all relevant materials for a manufactured housing installer license in the State of Maine. If you have any questions, you may contact the Manufactured Housing Board office at (207) 624-8612 or by e-mail at: [michelle.m.lovering@maine.gov](mailto:michelle.m.lovering@maine.gov).

### **LICENSING REQUIREMENTS** ↗

**To apply for an installer license, the following documentation must be submitted** ↗

1. A completed notarized application;
2. A State of Maine Sales Tax Number. To obtain a sales tax number, you may contact Maine Revenue Services by telephone at (207) 287-2336;
3. If the applicant is not an individual, a certificate of good standing from the Secretary of State where the applicant is registered;
4. If the applicant is a foreign entity, documentation of registration with the Maine Secretary of State Corporation Division. You may contact the Corporation Division by telephone at (207) 624-7752 for existing entities, and (207) 624-7740 for new entities;
5. If the applicant is an out-of-state entity, a duly-executed power of attorney appointing the Executive Director as its agent for service of process in this State;
6. Proof of products/completed operations liability insurance for at least \$300,000.00 and, where required, proof of workers' compensation insurance. Liability policy and workers' compensation insurance must include mandatory notice of cancellation to the Manufactured Housing Board;
7. Evidence of Completion of Qualifying (Initial) Education Training Program;
8. Payment of the appropriate license fee; and
9. If the applicant is an individual, payment of the criminal background check fee.

### **CRIMINAL BACKGROUND CHECK** ↗

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background check of individuals are subject to a fee as determined by the Commission of Public Safety.

## **QUALIFYING (INITIAL) EDUCATION TRAINING PROGRAM** ➤

The Manufactured Housing Board is required to provide initial training in the servicing and installation of manufactured housing to all licensees and applicants for licensure beginning July 1, 2000, pursuant to Title 10, Chapter 951 §9021(1-A). Therefore, in order to obtain a license, it is **mandatory** to attend initial training prior to a license being issued. A registration form is enclosed with this packet.

## **INSTALLATION WARRANTY SEALS** ➤

The scope of licensing allows installers to perform installations of manufactured housing (modular).

Pursuant to 10 M.R.S.A. §9002 (6) "Installation" means: (A) the affixing of manufactured housing on foundations or supports at a building site; and (B) The assembly and fastening of structural components of manufactured housing, including the completed roof system, as specified by the manufacturer's installation instructions and in accordance with the rules of the board.

Therefore, any installer that installs manufactured housing must purchase Installation Warranty Seals to affix to the home at the time of installation.

## **FEE SCHEDULE** ➤

All fees are non-refundable and must accompany your license application. Checks should be made payable to: Treasurer State of Maine. Fees will be charged for the following ➤

- Original Installer License: \$150
- Criminal Background Check \$ 15



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
**MANUFACTURED HOUSING BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
TTY/HEARING IMPAIRED (207) 624-8563

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**APPLICATION FOR AN INSTALLER LICENSE**

**1. APPLICANT STATUS. PLEASE CHECK ONE OF THE FOLLOWING** ➤

☐ Individual   ☐ Partnership   ☐ Corporation   ☐ LLC   ☐ Other \_\_\_\_\_

**2. APPLICANT INFORMATION** ➤

<b>NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.</b> This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the		<b>SOCIAL SECURITY NUMBER.</b> The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.	
Name of Applicant			
Mailing Address			
City	County	State	Zip Code
Business Telephone Number	Business Fax Number	Home Telephone Number	
Social Security Number or Federal ID Number		Maine State Sales Tax Number	
Any other names used		Date of Birth	

**3. List Name(s) of Owner(s), Partners or Corporate Officers, Title(s) held and residential address. Attach additional sheet(s) if necessary.** ➤

Name(s) & Addresses of Owner(s), Partners, or Corporate Officers		
Name	Date of Birth	Title Held
Address		Telephone Number
Name	Date of Birth	Title Held
Address		Telephone Number

4. The applicant shall provide evidence of two (2) years work experience, related to the license being applied for, under the supervision of a licensee of the board; or the applicant shall provide evidence of work experience deemed equivalent by the Board. ↗

Name(s) & Addresses of Employer(s)		
Name of Employer	Address	Telephone Number
Type of Business/Organization		Dates Employed
Duties and Responsibilities		
Name of Employer	Address	Telephone Number
Type of Business/Organization		Dates Employed
Duties and Responsibilities		
Name of Employer	Address	Telephone Number
Type of Business/Organization		Dates Employed
Duties and Responsibilities		

5. The following questions must be answered by the owner, if the owner is a sole proprietor; the partners, if the applicant is a partnership; or the corporate officers, if the applicant is a corporation. ↗

- a. Have you within the last three (3) years ever been convicted of mishandling any funds or other property entrusted to you by a third party? ☐ Yes ☐ No

*If yes, please give date, the circumstances surrounding the conviction and the sentence imposed.*

- a. Have you ever filed bankruptcy pursuant to Chapter 7, 11, or 13 of the Federal Bankruptcy Code? ☐ Yes ☐ No

*If yes, state the number of times you have filed for bankruptcy and the date of last bankruptcy you filed.*

- c. Have you ever been an officer of a corporation or a partner in a partnership that filed for bankruptcy pursuant to Chapter 7 or 11 the Federal Bankruptcy Code? ☐ Yes ☐ No

*If yes, state the name of the partnership(s) or corporation(s) and the date(s) of the bankruptcy filings.*

- d. Have you ever received a dishonorable military discharge? ☐ Yes ☐ No

*If yes, please provide a copy of the discharge.*

6. Each applicant shall submit to the Board not fewer than three (3) character references who are not related to the applicant and who can attest to the reputation, character honesty, ethics, and technical competence of the applicant. The telephone number, address, and occupation of the references shall be indicated. The occupation of the references must be related to manufactured housing, building construction, business, banking, or some other relevant field. ➤

Names and Addresses of References	
Name of Reference Address	Occupation Telephone Number
Name of Reference Address	Occupation Telephone Number
Name of Reference Address	Occupation Telephone Number

7. **AGE.** The applicant must be eighteen (18) years of age. ☐ Yes ☐ No

8. **APPLICANT'S CRIMINAL HISTORY.** Please answer the following questions. ➤

- a. Are you currently under indictment or information for a crime? ☐ Yes ☐ No
- b. Have you ever been convicted of a crime? ☐ Yes ☐ No  
If yes, provide the date(s) of the conviction(s).
- c. Are you a fugitive from justice? ☐ Yes ☐ No
- d. Are you an illegal alien? ☐ Yes ☐ No

9. **FEES.** All fees are non-refundable. Please refer to the application guide for the appropriate license fee.

BY MY SIGNATURE, I AFFIRM THAT ALL INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, WITH THE UNDERSTANDING THAT ANY OMISSIONS, INACCURACIES, OR FAILURE TO MAKE FULL DISCLOSURE MAY BE DEEMED SUFFICIENT REASON TO SUSPEND OR RECOMMEND REVOCATION OF A LICENSE ISSUED BY THE DEPARTMENT. I FURTHER AUTHORIZE ALL LAW ENFORCEMENT AGENCIES AND OFFICIALS THERETO TO RELEASE TO THE DEPARTMENT ANY AND ALL CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO MYSELF.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed to before me \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature



STATE OF MAINE  
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**Instructions for Completion of Consent to Service of Process Form**

**For Out-of State Entities Only**

1. The name of the applicant is to be inserted in the blank space on line 1.
2. The type of person executing the form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank space on line 3 of the form.
4. The person whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces at the end of the form.
5. A manually signed form must be filed with the State of Maine Manufactured Housing Board, 35 State House Station, Augusta, ME 04333-0035.
2. The applicant must sign the form. If the applicant is a corporation, it should be signed in the name of the corporation by the designated officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the form should be signed in the name of such organization by a person responsible for the direction or management of its affairs.

OFFICE PHONE (207) 624-8612  
MICHELLE.M.LOVERING@MAINE.GOV

EXECUTIVE DIRECTOR (207) 624-8678  
ROBERT.V.LECLAIR@MAINE.GOV



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FAX: (207)624-8637

PHYSICAL LOCATION: 122 NORTHERN AVENUE,  
GARDINER, MAINE 04345



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**CONSENT TO SERVICE OF PROCESS FOR OUT-OF-STATE RESIDENTS**

The undersigned applicant licensee \_\_\_\_\_ (an individual), (a corporation), (a partnership), or a (\_\_\_\_\_) [strike out inapplicable nomenclature] organized under the laws of \_\_\_\_\_, for purposes of complying with the laws of the State of Maine indicated hereunder relating to the manufacturing, sales, servicing and/or installation of manufactured housing, hereby irrevocably appoints the Executive Director of the State of Maine Manufactured Housing Board and the Director's successors in such offices, upon whom may be served any notice, process or pleading in any action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State of Maine by service of process upon the individual so designated with the same effect as if the undersigned was organized or created under the laws of the State of Maine and has been served lawfully with process in that State.

It is requested that a copy of any notice, process, or pleading served hereunder be mailed to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_

(Seal)

Title \_\_\_\_\_

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### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.

**Payment through credit cards will not be processed without this authorization form.**

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
County:		Telephone:
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my ☐ Visa ☐ MasterCard \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in the amount of \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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